

Vonda M. Wallace
Paralegal Specialist

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

~~U9-807468~~

9-27-04

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1	called			
3		1		1		
4		1				
5		1				
6		1				
7	1					
8		1				
9						
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27			called			
28				1		
29						
30			called			
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39						
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41						
42						
43			called			
44				1		
45				1		
46					2	
47				1		
48				1		
49					2	
50					3	
TOTAL IND.	2		6			
TOTAL DEP.	11		36			
TOTAL CLAIMS	13		42			

9/27/04					
IND.	DEP.	IND.	DEP.	INC	DEP.
51	3				
52	3				
53	2				
54	3				
55	3				
56	4				
57	4				
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99					
100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CL.					

BEST AVAILABLE COPY

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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